Best Available Copy

	PATENT	APPLICATION Effect	Application or Docket Number 99973046 065216										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1 /					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 370.0	0	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			// minus 20=		*			X\$ 9=		OF			
INDEPENDENT CLAIMS					7			X42=			X84=	-60	
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT	RESENT							704=	168.	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=		
								TOTAL	. [OR	TOTAL	908	
						(Column 3)		SMALI	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	· //	Minus	- 2	7 7	=		X\$ 9=	M	PR	W\$18=		
		ENTATION OF M	Minus 444 3)			X42=	ME	OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	11,	7	1000		
	(Column 1) (Column 2) (Column 3)							TOTA	,	OR	+280= /TOTAL		
								DDIT. FE		JOR	ADDIT. FEE		
AMENDMENT B	CLAIMS		State of the	HIGHE	ST	(Column 3)			LADDI	7 (
	18.	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		•	ı	X\$ 9=		OR	X\$18=		
	Independent	4	Minus	***	-	a .		X42=		1	X84=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT CLA		CLAIM					OR	707-		
							L	+140=		OR	+280=		
							AC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	MANAGER CHARGAINAGA												
AMENDMENT C	y 15. g (24); 5, 500 (3. g (4.	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	*	Minus	4+		_			FEE	!		FEE	
	Independent	t	Minus	***			┢	X\$ 9=		OR	X\$18=		
₫	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		L	X42=	·	OR	X84=		
• 11	the entry in colum	nn 1 is less than the	e entry in colu	nn 2 write "	O" in col	ıma 3	L	140=		OR	+280=		
***	the "Highest Nur the "Highest Nur	nber Previously Pai nber Previously Pa ber Previously Paid	id For" IN THIS id For" IN THIS	S SPACE is I S SPACE is I	ess than	20, enter "20."		TOTAL DIT. FEE in the ap	propriate bo	OR A	TOTAL DDIT. FEE		